

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2015 AUG -4 AM 10:08

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

S I C H O T T E N S T E I N I S T O R E S I C O R P O R A T I O N I P A C

ADDRESS (number and street)

4 3 0 0 E A S T F I F T H A V E

Check if different  
than previously  
reported. (ACC)

C O L U M B I U S O H 4 3 2 1 9

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 2 7 1 5 5

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

X July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election  
Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the  
State of

(d) 30-Day

POST-Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
0 1 / 0 1 / 2 0 1 5

through

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Brody

Signature of Treasurer

Date

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 5

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SCHOTTENSTEIN STORES CORPORATION PAC

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2015

To:

MM / DD / YYYY  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="1,319,450"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1,319,450"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4,737,460"/>	<input type="text" value="4,737,460"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="6,056,910"/>	<input type="text" value="6,056,910"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="2,800,000"/>	<input type="text" value="2,800,000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="3,256,910"/>	<input type="text" value="3,256,910"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SCHOTTENSTEIN STORES CORPORATION PAC

Report Covering the Period: From: 

MM	DD	YY
01	01	2015

 To: 

MM	DD	YY
06	30	2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date												
11. Contributions (other than loans) From:														
(a) Individuals/Persons Other Than Political Committees														
(i) Itemized (use Schedule A).....	<table border="1"><tr><td>4</td><td>7</td><td>3</td><td>7</td><td>4</td><td>6</td></tr></table>	4	7	3	7	4	6	<table border="1"><tr><td>4</td><td>7</td><td>3</td><td>7</td><td>4</td><td>6</td></tr></table>	4	7	3	7	4	6
4	7	3	7	4	6									
4	7	3	7	4	6									
(ii) Unitemized.....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	<table border="1"><tr><td>4</td><td>7</td><td>3</td><td>7</td><td>4</td><td>6</td></tr></table>	4	7	3	7	4	6	<table border="1"><tr><td>4</td><td>7</td><td>3</td><td>7</td><td>4</td><td>6</td></tr></table>	4	7	3	7	4	6
4	7	3	7	4	6									
4	7	3	7	4	6									
(b) Political Party Committees.....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
(c) Other Political Committees (such as PACs).....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	<table border="1"><tr><td>4</td><td>7</td><td>3</td><td>7</td><td>4</td><td>6</td></tr></table>	4	7	3	7	4	6	<table border="1"><tr><td>4</td><td>7</td><td>3</td><td>7</td><td>4</td><td>6</td></tr></table>	4	7	3	7	4	6
4	7	3	7	4	6									
4	7	3	7	4	6									
12. Transfers From Affiliated/Other Party Committees.....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
13. All Loans Received.....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
14. Loan Repayments Received.....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
17. Other Federal Receipts (Dividends, Interest, etc.).....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
18. Transfers from Non-Federal and Levin Funds														
(a) Non-Federal Account (from Schedule H3).....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
(b) Levin Funds (from Schedule H5).....	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
(c) Total Transfers (add 18(a) and 18(b))..	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	<table border="1"><tr><td>4</td><td>7</td><td>3</td><td>7</td><td>4</td><td>6</td></tr></table>	4	7	3	7	4	6	<table border="1"><tr><td>4</td><td>7</td><td>3</td><td>7</td><td>4</td><td>6</td></tr></table>	4	7	3	7	4	6
4	7	3	7	4	6									
4	7	3	7	4	6									
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	<table border="1"><tr><td>4</td><td>7</td><td>3</td><td>7</td><td>4</td><td>6</td></tr></table>	4	7	3	7	4	6	<table border="1"><tr><td>4</td><td>7</td><td>3</td><td>7</td><td>4</td><td>6</td></tr></table>	4	7	3	7	4	6
4	7	3	7	4	6									
4	7	3	7	4	6									

1

**COLUMN B**  
**Calendar Year-to-Date**

- 
- 2, 8, 0, 0, 0, 0
- 2, 8, 0, 0, 0, 0

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0	0
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0	0

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SCHOTTENSTEIN STORES CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. BERG, NEAL

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0

Date of Receipt

0 1 / 0 2 / 2 0 1 5

Amount of Each Receipt this Period

2 5 0 0

Full Name (Last, First, Middle Initial)

B. BERG, NEAL

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0

Date of Receipt

0 1 / 1 6 / 2 0 1 5

Amount of Each Receipt this Period

2 5 0 0

Full Name (Last, First, Middle Initial)

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☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0

Date of Receipt

0 1 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

2 5 0 0

SUBTOTAL of Receipts This Page (optional).....▶

7 5 0 0

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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C 0 0 3 2 7 1 5 5

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Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0

Date of Receipt

MM / DD / YYYY  
0 2 / 1 3 / 2 0 1 5

Amount of Each Receipt this Period

2 5 0 0

Full Name (Last, First, Middle Initial)

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MM / DD / YYYY  
0 2 / 2 7 / 2 0 1 5

Amount of Each Receipt this Period

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Full Name (Last, First, Middle Initial)

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Aggregate Year-to-Date ▼

2 5 0 0

Date of Receipt

MM / DD / YYYY  
0 3 / 1 3 / 2 0 1 5

Amount of Each Receipt this Period

2 5 0 0

SUBTOTAL of Receipts This Page (optional).....▶

7 5 0 0

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE OF

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Aggregate Year-to-Date ▼

2 5 0 0

Date of Receipt

0 3 / 2 7 / 2 0 1 5

Amount of Each Receipt this Period

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0 4 / 1 0 / 2 0 1 5

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2 5 0 0

Date of Receipt

0 4 / 2 4 / 2 0 1 5

Amount of Each Receipt this Period

2 5 0 0

SUBTOTAL of Receipts This Page (optional).....▶

7 5 0 0

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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43219

FEC ID number of contributing  
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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0

Date of Receipt

MM / DD / YYYY  
0 5 / 0 8 / 2 0 1 5

Amount of Each Receipt this Period

2 5 0 0

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0 5 / 2 2 / 2 0 1 5

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Receipt For:

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☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0

Date of Receipt

MM / DD / YYYY  
0 6 / 0 5 / 2 0 1 5

Amount of Each Receipt this Period

2 5 0 0

SUBTOTAL of Receipts This Page (optional).....▶

7 5 0 0

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE OF

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SCHOTTENSTEIN STORES CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. BERG, NEAL

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 1 5

Amount of Each Receipt this Period

2 5 0 0

Full Name (Last, First, Middle Initial)

B. CARTER, ANTIONETTE

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 9 2 3

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 1 5

Amount of Each Receipt this Period

1 9 2 3

Full Name (Last, First, Middle Initial)

C. CARTER, ANTIONETTE

Mailing Address

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C 0 0 3 2 7 1 5 5

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Receipt For:

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☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 9 2 3

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 1 5

Amount of Each Receipt this Period

1 9 2 3

SUBTOTAL of Receipts This Page (optional).....

6 3 4 6

TOTAL This Period (last page this line number only).....

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE OF

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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SCHOTTENSTEIN STORES CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. CARTER, ANTIONETTE

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 9 2 3

Date of Receipt

MM/DD/YYYY  
01/13/2015

Amount of Each Receipt this Period

1 9 2 3

Full Name (Last, First, Middle Initial)

B. CARTER, ANTIONETTE

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 9 2 3

Date of Receipt

MM/DD/YYYY  
02/13/2015

Amount of Each Receipt this Period

1 9 2 3

Full Name (Last, First, Middle Initial)

C. CARTER, ANTIONETTE

Mailing Address

810 DSW DRIVE

City

COLUMBUS

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43219

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 9 2 3

Date of Receipt

MM/DD/YYYY  
02/27/2015

Amount of Each Receipt this Period

1 9 2 3

SUBTOTAL of Receipts This Page (optional).....▶

5 7 6 9

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 9 2 3

Date of Receipt

0 3 / 1 3 / 2 0 1 5

Amount of Each Receipt this Period

1 9 2 3

Full Name (Last, First, Middle Initial)

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Date of Receipt

0 3 / 2 7 / 2 0 1 5

Amount of Each Receipt this Period

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☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 9 2 3

Date of Receipt

0 4 / 1 0 / 2 0 1 5

Amount of Each Receipt this Period

1 9 2 3

SUBTOTAL of Receipts This Page (optional).....▶

5 7 6 9

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Name of Employer

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Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 9 2 3

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 1 5

Amount of Each Receipt this Period

1 9 2 3

Full Name (Last, First, Middle Initial)

B. CARTER, ANTIONETTE

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 9 2 3

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 1 5

Amount of Each Receipt this Period

1 9 2 3

Full Name (Last, First, Middle Initial)

C. CARTER, ANTIONETTE

Mailing Address

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City

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 9 2 3

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 1 5

Amount of Each Receipt this Period

1 9 2 3

SUBTOTAL of Receipts This Page (optional).....▶

5 7 6 9

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1,923

Date of Receipt

MM/DD/YYYY  
06/05/2015

Amount of Each Receipt this Period

1,923

Full Name (Last, First, Middle Initial)

B. CARTER, ANTIONETTE

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1,923

Date of Receipt

MM/DD/YYYY  
06/19/2015

Amount of Each Receipt this Period

1,923

Full Name (Last, First, Middle Initial)

C. RAWLINS, ROGER

Mailing Address

810 DSW DRIVE

City

COLUMBUS

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Zip Code

43219

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federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2,000

Date of Receipt

MM/DD/YYYY  
01/02/2015

Amount of Each Receipt this Period

2,000

SUBTOTAL of Receipts This Page (optional).....▶

5846

TOTAL This Period (last page this line number only).....▶

4,737.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0

Date of Receipt

0 1 / 1 6 / 2 0 1 5

Amount of Each Receipt this Period

2 0 0 0

Full Name (Last, First, Middle Initial)

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C 0 0 3 2 7 1 5 5

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Receipt For:

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Aggregate Year-to-Date ▼

2 0 0 0

Date of Receipt

0 1 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

2 0 0 0

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Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0

Date of Receipt

0 2 / 1 3 / 2 0 1 5

Amount of Each Receipt this Period

2 0 0 0

SUBTOTAL of Receipts This Page (optional).....

6 0 0 0

TOTAL This Period (last page this line number only).....

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 17
13	14	15	16		

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0

Date of Receipt

10 / 2 / 2007 2 0 1 5

Amount of Each Receipt this Period

2 0 0 0

Full Name (Last, First, Middle Initial)

B. RAWLINS, ROGER

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

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43219

FEC ID number of contributing  
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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0

Date of Receipt

0 3 / 1 3 / 2 0 1 5

Amount of Each Receipt this Period

2 0 0 0

Full Name (Last, First, Middle Initial)

C. RAWLINS, ROGER

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0

Date of Receipt

0 3 / 2 7 / 2 0 1 5

Amount of Each Receipt this Period

2 0 0 0

SUBTOTAL of Receipts This Page (optional).....

6 0 0 0

TOTAL This Period (last page this line number only).....

4 7 3 7 4 6



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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SCHOTTENSTEIN STORES CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. RAWLINS, ROGER

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

04/10/2015

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

B. RAWLINS, ROGER

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

04/24/2015

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

C. RAWLINS, ROGER

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

05/08/2015

Amount of Each Receipt this Period

2,000.00

SUBTOTAL of Receipts This Page (optional).....▶

6,000.00

TOTAL This Period (last page this line number only).....▶

4,737.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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C 0 0 3 2 7 1 5 5

Name of Employer

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Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0

Date of Receipt

0 5 / 2 2 / 2 0 1 5

Amount of Each Receipt this Period

2 0 0 0

Full Name (Last, First, Middle Initial)

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2 0 0 0

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2 0 0 0

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Receipt For:

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☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0

Date of Receipt

0 6 / 1 9 / 2 0 1 5

Amount of Each Receipt this Period

2 0 0 0

SUBTOTAL of Receipts This Page (optional).....

6 0 0 0

TOTAL This Period (last page this line number only).....

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
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FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

7 5 0 0

Date of Receipt

MM / DD / YYYY  
10 / 1 / 2015

Amount of Each Receipt this Period

7 5 0 0

Full Name (Last, First, Middle Initial)

B. CRAWFORD, DAVID

Mailing Address

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C 0 0 3 2 7 1 5 5

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Receipt For:

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☒ Other (specify) ▼

Aggregate Year-to-Date ▼

7 5 0 0

Date of Receipt

MM / DD / YYYY  
01 / 16 / 2015

Amount of Each Receipt this Period

7 5 0 0

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Mailing Address

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Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

7 0 0 0

Date of Receipt

MM / DD / YYYY  
01 / 30 / 2015

Amount of Each Receipt this Period

7 5 0 0

SUBTOTAL of Receipts This Page (optional).....▶

2 2 5 0 0

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
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FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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OH

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

MM/DD/YYYY  
02/13/2015

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. CRAWFORD, DAVID

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

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federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

MM/DD/YYYY  
02/27/2015

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. CRAWFORD, DAVID

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

MM/DD/YYYY  
03/13/2015

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional).....▶

225.00

TOTAL This Period (last page this line number only).....▶

473.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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C 0 0 3 2 7 1 5 5

Name of Employer

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Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

7,500.00

Date of Receipt

MM/DD/YYYY  
03/27/2015

Amount of Each Receipt this Period

7,500.00

Full Name (Last, First, Middle Initial)

B. CRAWFORD, DAVID

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

7,500.00

Date of Receipt

MM/DD/YYYY  
04/10/2015

Amount of Each Receipt this Period

7,500.00

Full Name (Last, First, Middle Initial)

C. CRAWFORD, DAVID

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

7,500.00

Date of Receipt

MM/DD/YYYY  
04/24/2015

Amount of Each Receipt this Period

7,500.00

SUBTOTAL of Receipts This Page (optional).....▶

22,500.00

TOTAL This Period (last page this line number only).....▶

4,737.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

SCHOTTENSTEIN STORES CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. CRAWFORD, DAVID

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

7 5 0 0

Date of Receipt

MM / DD / YY  
0 5 / 0 8 / 2 0 1 5

Amount of Each Receipt this Period

7 5 0 0

Full Name (Last, First, Middle Initial)

B. CRAWFORD, DAVID

Mailing Address

810 DSW DRIVE

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Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

7 5 0 0

Date of Receipt

MM / DD / YY  
0 5 / 2 2 / 2 0 1 5

Amount of Each Receipt this Period

7 5 0 0

Full Name (Last, First, Middle Initial)

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Mailing Address

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City

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federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

7 5 0 0

Date of Receipt

MM / DD / YY  
0 6 / 0 5 / 2 0 1 5

Amount of Each Receipt this Period

7 5 0 0

SUBTOTAL of Receipts This Page (optional).....▶

2 2 5 0 0

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
SCHOTTENSTEIN STORES CORPORATION PAC

Full Name (Last, First, Middle Initial) A. CRAWFORD, DAVID		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 1 5
Mailing Address 810 DSW DRIVE		Amount of Each Receipt this Period 7 5 0 0
City COLUMBUS	State Zip Code OH 43219	
FEC ID number of contributing federal political committee. C 0 0 3 2 7 1 5 5		
Name of Employer DSW	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7 5 0 0	

Full Name (Last, First, Middle Initial) B. MACDONALD, MICHAEL		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 1 5
Mailing Address 810 DSW DRIVE		Amount of Each Receipt this Period 1 8 5 1 9
City COLUMBUS	State Zip Code OH 43219	
FEC ID number of contributing federal political committee. C 0 0 3 2 7 1 5 5		
Name of Employer DSW	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 8 5 1 9	

Full Name (Last, First, Middle Initial) C. MACDONALD, MICHAEL		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 1 5
Mailing Address 810 DSW DRIVE		Amount of Each Receipt this Period 1 8 5 1 9
City COLUMBUS	State Zip Code OH 43219	
FEC ID number of contributing federal political committee. C 0 0 3 2 7 1 5 5		
Name of Employer DSW	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 8 5 1 9	

SUBTOTAL of Receipts This Page (optional).....▶	4 4 5 3 8
TOTAL This Period (last page this line number only).....▶	4 7 3 7 4 6 1

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

SCHOTTENSTEIN STORES CORPORATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) MACDONALD, MICHAEL		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 1 5	
Mailing Address 810 DSW DRIVE City State Zip Code COLUMBUS OH 43219		Amount of Each Receipt this Period , , , 1 8 5 1 9	
FEC ID number of contributing federal political committee. [C] 0 0 3 2 7 1 5 5			
Name of Employer DSW		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , , 1 8 5 1 9	
<b>B.</b> Full Name (Last, First, Middle Initial) MACDONALD, MICHAEL		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 1 5	
Mailing Address 810 DSW DRIVE City State Zip Code COLUMBUS OH 43219		Amount of Each Receipt this Period , , , 1 8 5 1 9	
FEC ID number of contributing federal political committee. [C] 0 0 3 2 7 1 5 5			
Name of Employer DSW		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , , 1 8 5 1 9	
<b>C.</b> Full Name (Last, First, Middle Initial) MACDONALD, MICHAEL		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 1 5	
Mailing Address 810 DSW DRIVE City State Zip Code COLUMBUS OH 43219		Amount of Each Receipt this Period , , , 1 8 5 1 9	
FEC ID number of contributing federal political committee. [C] 0 0 3 2 7 1 5 5			
Name of Employer DSW		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , , 1 8 5 1 9	

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial)

A. MACDONALD, MICHAEL

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 8 5 1 9

Date of Receipt

03 / 13 / 2015

Amount of Each Receipt this Period

1 8 5 1 9

Full Name (Last, First, Middle Initial)

B. MACDONALD, MICHAEL

Mailing Address

810 DSW DRIVE

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C 0 0 3 2 7 1 5 5

Name of Employer

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Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 8 5 1 9

Date of Receipt

03 / 27 / 2015

Amount of Each Receipt this Period

1 8 5 1 9

Full Name (Last, First, Middle Initial)

C. MACDONALD, MICHAEL

Mailing Address

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C 0 0 3 2 7 1 5 5

Name of Employer

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Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 8 5 1 9

Date of Receipt

04 / 10 / 2015

Amount of Each Receipt this Period

1 8 5 1 9

SUBTOTAL of Receipts This Page (optional).....▶

5 5 5 5 7

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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43219

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 8 5 . 1 9

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 1 5

Amount of Each Receipt this Period

1 8 5 . 1 9

Full Name (Last, First, Middle Initial)

B. MACDONALD, MICHAEL

Mailing Address

810 DSW DRIVE

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43219

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 8 5 . 1 9

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 1 5

Amount of Each Receipt this Period

1 8 5 . 1 9

Full Name (Last, First, Middle Initial)

C. MACDONALD, MICHAEL

Mailing Address

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43219

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federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1 8 5 . 1 9

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 1 5

Amount of Each Receipt this Period

1 8 5 . 1 9

SUBTOTAL of Receipts This Page (optional).....▶

5 5 5 . 5 7

TOTAL This Period (last page this line number only).....▶

4 7 3 7 . 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SCHOTTENSTEIN STORES CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. MACDONALD, MICHAEL

Mailing Address

810 DSW DRIVE

City

State

Zip Code

COLUMBUS

OH

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1,851.9

Date of Receipt

MM/DD/YYYY  
06/05/2015

Amount of Each Receipt this Period

1,851.9

Full Name (Last, First, Middle Initial)

B. MACDONALD, MICHAEL

Mailing Address

810 DSW DRIVE

City

State

Zip Code

COLUMBUS

OH

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1,851.9

Date of Receipt

MM/DD/YYYY  
06/01/2015

Amount of Each Receipt this Period

1,851.9

Full Name (Last, First, Middle Initial)

C. WALTERS, MARLENA

Mailing Address

810 DSW DRIVE

City

State

Zip Code

COLUMBUS

OH

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

400.0

Date of Receipt

MM/DD/YYYY  
01/02/2015

Amount of Each Receipt this Period

400.0

SUBTOTAL of Receipts This Page (optional)

410.38

TOTAL This Period (last page this line number only)

4,737.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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SCHOTTENSTEIN STORES CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. WALTERS, MARLENA

Mailing Address

810 DSW DRIVE

City

COLUMBUS

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43219

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 0 0

Date of Receipt

MM / DD / YYYY  
0 1 / 1 6 / 2 0 1 5

Amount of Each Receipt this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

B. WALTERS, MARLENA

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810 DSW DRIVE

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C 0 0 3 2 7 1 5 5

Name of Employer

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Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 0 0

Date of Receipt

MM / DD / YYYY  
0 1 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

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C 0 0 3 2 7 1 5 5

Name of Employer

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Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 0 0

Date of Receipt

MM / DD / YYYY  
0 2 / 1 3 / 2 0 1 5

Amount of Each Receipt this Period

4 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶

1 2 0 0 0

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 0 0

Date of Receipt

0 2 / 2 7 / 2 0 1 5

Amount of Each Receipt this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

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Mailing Address

810 DSW DRIVE

City

COLUMBUS

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C 0 0 3 2 7 1 5 5

Name of Employer

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Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 0 0

Date of Receipt

0 3 / 1 3 / 2 0 1 5

Amount of Each Receipt this Period

4 0 0 0

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Name of Employer

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Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 0 0

Date of Receipt

0 3 / 2 7 / 2 0 1 5

Amount of Each Receipt this Period

4 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶

1 2 0 0 0

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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C 0 0 3 2 7 1 5 5

Name of Employer

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Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4,000.00

Date of Receipt

MM/DD/YYYY  
 04/10/2015

Amount of Each Receipt this Period

4,000.00

Full Name (Last, First, Middle Initial)

B. WALTERS, MARLENA

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4,000.00

Date of Receipt

MM/DD/YYYY  
 04/24/2015

Amount of Each Receipt this Period

4,000.00

Full Name (Last, First, Middle Initial)

C. WALTERS, MARLENA

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

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Zip Code

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C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary

☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4,000.00

Date of Receipt

MM/DD/YYYY  
 05/08/2015

Amount of Each Receipt this Period

4,000.00

SUBTOTAL of Receipts This Page (optional).....▶

1,200.00

TOTAL This Period (last page this line number only).....▶

4,737.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial)

A. WALTERS, MARLENA

Mailing Address

810 DSW DRIVE

City

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State

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Zip Code

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C 0 0 3 2 7 1 5 5

Name of Employer

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Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 0 0

Date of Receipt

MM / DD / YY  
0 5 / 2 2 / 2 0 1 5

Amount of Each Receipt this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

B. WALTERS, MARLENA

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 0 0

Date of Receipt

MM / DD / YY  
0 6 / 0 5 / 2 0 1 5

Amount of Each Receipt this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

C. WALTERS, MARLENA

Mailing Address

810 DSW DRIVE

City

COLUMBUS

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C 0 0 3 2 7 1 5 5

Name of Employer

DSW

Occupation

Receipt For:

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 0 0

Date of Receipt

MM / DD / YY  
0 6 / 2 2 / 2 0 1 5

Amount of Each Receipt this Period

4 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶

1 2 0 0 0

TOTAL This Period (last page this line number only).....▶

4 7 3 7 4 6

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PORTMAN FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)

A.

PORTMAN FOR SENATE COMMITTEE

Mailing Address

9856 ARCHER LANE

City

DUBLIN

State

OH

Zip Code

43017

Purpose of Disbursement

CAMPAIGN DONATION

Candidate Name

SENATOR ROB PORTMAN

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: OHIO

District: 15

Date of Disbursement

MM	DD	YY
03	16	2015

Amount of Each Disbursement this Period

1	3	0	0	0	0
---	---	---	---	---	---

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM	DD	YY

Amount of Each Disbursement this Period

--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM	DD	YY

Amount of Each Disbursement this Period

--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1	3	0	0	0	0
---	---	---	---	---	---

2	8	0	0	0	0
---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

JOYCE BEATTY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

JOYCE BEATTY FOR CONGRESS

Mailing Address

580 S. HIGH STREET, SUITE #150B

City

COLUMBUS

State

OH

Zip Code

43215

Purpose of Disbursement

CAMPAIGN DONATION

Candidate Name

JOYCE BEATTY

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify) ▼

State: OHIO

District:

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 1 2 9 2 0 1 5

Amount of Each Disbursement this Period

5,000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

5,000.00

TOTAL This Period (last page this line number only).....

2,800.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

TIBERI FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TIEBERI FOR CONGRESS

Mailing Address

2931 E. DUBLIN GRANVILLE ROAD, SUITE #190

City State Zip Code  
COLUMBUS OH 43231

Purpose of Disbursement

CAMPAIGN DONATION

Candidate Name

PAT TIBERI

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

State: OHIO District:

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 5

Amount of Each Disbursement this Period

5.0000

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... 5.0000

TOTAL This Period (last page this line number only)..... 2,800.00



Express

RT677  
F2  
10:30  
08:04

earthsmart

2015 AUG -4 AM 10: 08  
FEC MAIL CENTER  
FedEx carbon-neut  
envelope shipping

ORIGIN: OSUA (814) 221-9200  
VENTURE - AUDITING  
VENTURE  
4300 E 5TH AVE

COLUMBUS, OH 43219  
UNITED STATES US

SHIP DATE: 03AUG15  
ACTWGT: 0.50 LB.  
CAD: 103866087/WSX2500

BILL SENDER

TO FEDERAL ELECTION COMMISSION

999 E. STREET, NW

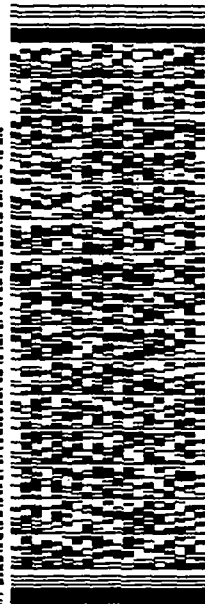
WASHINGTON DC 20463

(202) 694-1100 REF: VENTR

INV. PO:

DEPT:

FedEx  
Express



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TUE - 04 AUG 10:30A  
PRIORITY OVERNIGHT

TRK# 7810 8694 0143  
0201

20463  
DC-US IAD

EP RDVA



539JH/FECAG100

Federal Election Commission  
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEX</i>	Shipping Date <i>8/3/2015</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>MP</i> PREPARER	<i>8/4/2015</i> DATE PREPARED

(3/2015)